

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			8
<b>FORMALITY REVIEW</b>	JL	7533	11-600 12-21-05
<b>RESPONSE FORMALITY REVIEW</b>			

BY 5:15 AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/02
2	✓	✓	8/03
3	✓	✓	10/03
4	✓	✓	10/04
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓	0	
17	✓	0	
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27	✓	0	
28	✓	0	
29	✓	0	
30	✓	0	
31	✓	✓	
32	✓	✓	
33	✓	✓	
34	✓	✓	=
35	✓	✓	
36	✓	✓	
37	✓	✓	
38	✓	✓	
39	✓	0	
40	✓	0	
41	✓	✓	
42	✓	✓	
43	✓	✓	
44	✓	✓	
45	✓	✓	
46	✓	✓	
47	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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